

United States Bankruptcy Court Southern District of Florida		PROOF OF CLAIM				
In re (Name of Debtor) Community Home Health, Inc.		Case Number: 98-02141				
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.						
Name of Creditor (The person or other entity to whom the debtor owes money or property) First Sierra Financial, Inc. (Successor in interest to Heritage Credit Services) Name and Address Where Notices Should Be Sent 600 Travis St. Suite 6920 Houston, TX 77002		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. <input type="checkbox"/>				
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR		Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated: _____ or <input type="checkbox"/> amends				
1. BASIS FOR CLAIM Goods sold _____ Services performed _____ <input checked="" type="checkbox"/> Money loaned _____ Personal injury/wrongful death _____ Taxes _____ Other (Describe briefly) Guaranty. See exhibit attached hereto _____ Retiree benefits as defined in 11 U.S.C. § 1114(a) _____ Wages, salaries, and compensation (Fill out below) _____ Your social security number _____ Unpaid compensation for services performed _____ from _____ to _____ (date) (date)						
2. DATE DEBT WAS INCURRED 2-19-97		3. IF COURT JUDGMENT, DATE OBTAINED:				
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.						
SECURED CLAIM \$ 14,706.00 Attach evidence of perfection of security interest _____ Brief Description of Collateral: Real Estate Motor Vehicle Other (Describe briefly) Computer Equipment Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ 1,702.80 UNSECURED NONPRIORITY CLAIM _____ A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. UNSECURED PRIORITY CLAIM \$ _____		Specify the priority of the claim. Wages, salaries, or commissions (up to \$4000)*, earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) Up to \$1,800* of deposits towards purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(5) Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7) Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(8) Other-Specify applicable paragraph of 11 U.S.C. § 507(a) _____ *Amounts are subject to adjustment on 4/1/96 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.				
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">\$ _____ (Unsecured)</td> <td style="text-align: center;">\$ 14,706.00 (Secured)</td> <td style="text-align: center;">\$ _____ (Priority)</td> <td style="border: 1px solid black; text-align: center; width: 150px;"> \$ 14,706.00 (Total) </td> </tr> </table> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges. <input type="checkbox"/>			\$ _____ (Unsecured)	\$ 14,706.00 (Secured)	\$ _____ (Priority)	\$ 14,706.00 (Total)
\$ _____ (Unsecured)	\$ 14,706.00 (Secured)	\$ _____ (Priority)	\$ 14,706.00 (Total)			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.						
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.						
8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.						
Date 9-3-98		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) Alfred J. Wittmann, Alfred J. Wittmann Legal Coordinator				

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571.

UNITED STATES COURTS
DISTRICT OF IDAHO

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